

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC

☒ CLEC

☐ ILEC

☐ Wireless

241686

CERTIFICATED COMPANY INFORMATION

Company Name

Gold Line Telemanagement Inc

FEIN/SSN

Dbafka

same

Telephone #

Mailing Address

300 Allstate Parkway

City, State, Zip Code

Markham,

Business Location

Ontario, L3R 0P2

Canada

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: Registered Agent Solutions, Inc

Mailing Address: 317 Ruth Vista Rd

Lexington, SC, 29073

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. **General Manager** (Include Address if different than above)

905-709-6922 / shala@goldline.net

Telephone Number / Facsimile Number / E-mail Address

B. **Customer Relations/Complaints Representative** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

C2. **Customer Contact** (Toll Free Number)

D. **Engineering Operations** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

E. **Test and Repair** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

RECEIVED
PSC SC
MAIL / DMS

FEB 05 2013

RECEIVED

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

- G. **Regulatory Officer** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address
- H. **Dual Party Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
- I. **Interim LEC Fund Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
- J. **Universal Service Fund Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
- K. **Gross Receipts Mailings (Name)**

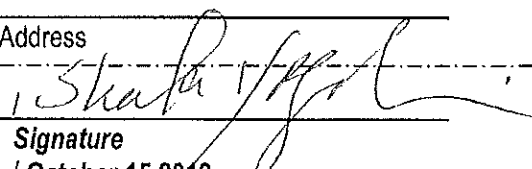
(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
- L. **Lifeline Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

Shala Yazdani
This form was completed by
C.F.O.
Title


Signature
/ October 15 2012
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201